



PATENT
Attorney Docket No. PC10751A

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By

(Signature of person mailing)

Julie K. Lyons

(Typed or printed name of person)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Michael J. Coyne, *et al*

Serial No.: 09/838,093

Filed: April 19, 2001

For: METHOD OF MEASURING THE
DURATION OF ADEQUATE
IMMUNE MEMORY IN
COMPANION ANIMALS

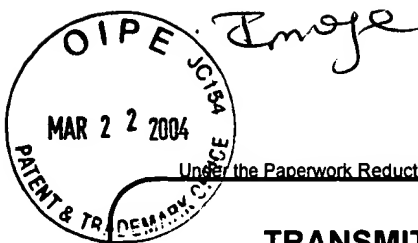
Group Art Unit: 1645

Examiner: Marjorie A Moran

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

The office communication of 02/18/2004 indicated that the response filed on 01/28/2004 was not compliant with the new rules for amendments. Enclosed is a substitute amendment and response.



1645

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/838,093
Filing Date	April 19, 2001
First Named Inventor	Michael J. Coyne
Art Unit	1645
Examiner Name	Marjorie A. Moran
Attorney Docket Number	PC10751A

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return-receipt postcard Previous Response of 01/28/2004 Office Comm/Change Correspondence Address
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Pharmacia & Upjohn Company	Edward F. Rehberg 34,703
Signature		
Date	March 18, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Julie K. Lyons		
Signature		Date	March 18, 2004

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